revision effective	July 10, 2006	
		
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Automobile Liability ***		
_	7.067.285	+0.0%
	1,001,203	
	4 285 011	+0.0%
	4,203,011	
<u>-</u>		
- •		
•		
		IVISION OF INSURA
•		STATE OF IN
		CELINOURANG
Inland Marine		- OFPRE
Homeowners		APRIO
Commercial Multi-Peril		APR 1 2 2006
Crop Hail	SPRIN	lor.
Other		GF/ELD.
Line of Insurance		LINOIS
-		
ganization, specify organization): T	his filing introduces our company new	v base rates, rating plans, adopts ISO
	Automobile Liability *** Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filing only apply to certain territory (termisses? If so, specify: No ief description of filing. (If filing follows reganization, specify organization):	Automobile Liability *** Private Passenger Commercial 7,067,285 Automobile Physical Damage Private Passenger Commercial 4,285,011 Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filing only apply to certain territory (territories) or certain Insees? If so, specify: No

*** Includes UM data.

Allstate Indemnity Company
Name of Company

Indemnity Company

H29219D

11 1 1 Maria S

fficial - Title

^{*} Adjusted to reflect all prior rate changes. Companies combined written premium for policies effective in 12 months ending in June 30, 2005.

^{**} Change in Company's premium level which will result from application of new rates.

H29219D

	revision effective	July 10, 2006	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
1.	Automobile Liability ***		
	Private Passenger		
	Commercial	7,067,285	+0.0%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	4,285,011	+0.0%
3.	Liability Other Than Auto		
4 .	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
١٥.	Extended Coverage		
l I .	Inland Marine		
١2.	Homeowners		
١3.	Commercial Multi-Peril		
١4.	Crop Hail		
15.	Other		
	Line of Insurance		
n	Ooes filing only apply to certain territory	(territories) or certain	
	lasses? If so, specify: No	(territorios) or cortain	
O.	143503. 11 30, 3000119.		
_			
В	Brief description of filing. (If filing follo		
O	rganization, specify organization):	This filing revises our base rates and s	secondary classification rating plan.
_		***	
_			
			10 11 11 1 20 0005
	Adjusted to reflect all prior rate changes.		
** (Change in Company's premium level wh	ich will result from application of new ra	ates.
	D	IVISION OF	
** I	Includes UM data.	STATE OF ILLINOUFICATION	
	1 -	CENOS/IDE	AD T
	1	IVISION OF INSUFACE STATE OF ILLINOIS/IDEANCE	Allstate Insurance Company
	1	APR 1 2 2006	Name of Company
	1	- ~ 2006	
	/ Spf	RINGFIELD, ILLINOIS	-V 11 1 Vilan . 81.1 M
		LELD, ILLINOIS	relight ween strike
ł	nsurance Company		Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2006

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Iilinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial	778,846	approximately 0
2.	Automobile Physical Damage		
^	Private Passenger Commercial	292,325	approximately 0
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
7. 8.	Surety		
o. 9.	Boiler and Machinery Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
Doe	s filing only apply to certain territory ((territories) or certain classes? If so, spe	cify: NO
	, , , ,	rates of an advisory organization, speci	fy organization):
Conv	rersion from independt program to an ISO based	program.	
* A ~l	justed to reflect all prior rate changes		
		hich will result from application of new r	ates
U	natige in Company's premium level w	men will result from application of new r	atos.
		Brotherhood Mutual Insu	rance Company
			Name of Company
		Don Glick, AVP Researc	th & Development
			Official – Title

•	Change in Company's premium or rat	e level produced by rate revision effective	-\$34,840 5-/-06
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or ·)**
1.	Automobile Liability		
	Private Passenger Commercial		<u></u>
2.	Automobile Physical Damage	·	
	Private Passenger		
	Commercial	835,797	-4.17%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Jana f	iling only apply to acreain territory (t	erritories) or certain classes? If so, specify:	
No	ining only apply to certain territory (to	entiones) of centain classes? If so, specify.	
110			
Rrief (lescription of filing (If filing follows	s rates of an advisory organization, specify of	organization).
Filin	decrease to Harco's independent Tr	uckers' Physical Damage comprehensive rate	es.
	2 3		
		· · · · · · · · · · · · · · · · · · ·	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
APR 1 7 2006

SPRINGFIELD, ILLINOIS

Harco National Insurance Company
Name of Company

Debbie Smith, Compliance Analyst
Official - Title

H29219D

Change in Company revision effective	's premium e Septem'	or rate level produ ber 1, 2006	ced by rate		
(1) <u>Coverage</u>		(2) Annual Premium Volume (Illinois)*	Chai	(3) Percent nge (+ or -)**	,
1. Automobile Liability Private Passenger					
Commercial 2. Automobile Physical D	amage	8,485,00			5.7
Private Passenger Commercial	-	1,560,00	<u> </u>	-6	5.7
3. Liability Other Than	Auto -				
4. Burglary and Theft	•				
5. Glass	-				
6. Fidelity	_				
7. Surety					
8. Boiler and Machinery	-				
9. Fire	-				
10. Extended Coverage	-				
11. Inland Marine					
12. Homeowners	٠,				
13. Commercial Multi-Peri	٠.				
14. Crop Hail	•				
15. Other Line of Insu	rance				—
Brief description of file	ing. (If ganizatior	filing follows rates	s of an advi: g CR-2006-RZ	sory RLC	
* Adjusted to reflect al ** Change in Company's pr result from application	remium lev	rel which will			
-		National Casu		····	
		Name of	Company		
		T-11-0	m/2.1		
-		Jodie Organisciak, Official	Filing Analy	st 1	
H29219D		orriciu.	DIVISION OF STATE OF ILL	INSURANCE LINOIS/IDEPR E I VI E D 4 2006	
·				ELD, ILLINOIS	

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p	produced by rate revision effective	September 1, 2006
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private —		
Passenger Commercial	_1,786,140	+3.5%
2. Automobile Physical Damage		-15.0% (other than collision)
Private Passenger Commercial	1,293,412	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territ	ories) or certain classes? If so, specify:	No
 .		
Brief description of filing. (If filing follows rates	s of an advisory organization, specify or	ganization): <u>Adoption of ISO loss cost</u>
filing CA-2006-RZRLC and rule filing CA-2000	6-RZ <u>R1</u>	
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rates	,
•		
		rs Insurance Company
	1	Name of Company
	Joa	anne Burns, AVP
		Official – Title



	ge in Company's premium or rate lev 06 Renewat <u>Business</u>	vel produced by rate revision	effective 6/1/06 new business &
<u> </u>	(1)	(2) Annual Premium	(3) Percent
1.	<u>Coverage</u> Automobile Liability	Volume (Illinois)*	Change (+ or -)**
2.	Private Passenger Commercial Automobile Physical Damage	22,498,158	+1.72
	Private Passenger Commercial	9,509,368	+1.78
3.	Liability Other Than Auto		
4.	Burglary and Theft		<u> </u>
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	3,563,968	+0.54
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
Does <u>No.</u>	filing only apply to certain territory (to	erritories) or certain classes?	If so, specify:
	description of filing. (If filing follows a and rate revision	rates of an advisory organizat	tion, specify organization):
*	Adjusted to reflect all prior rate char Change in Company's premium lever result from application of new rates.	el which will	
		Northland Insur	ance Company Name of Company
		Debbie C. Schr <u>Manager, State</u> Official - Title	nidt Filings-Transportation.

Change in Company's premi revision effective	um or rate level produced by $9 - l - 06$	by rate
		4-3
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial	3,922,420	3.5
2. Automobile Physical Damage		
Private Passenger		
Commercial	663,084	-19.2
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify: not applicable		
Brief description of filing. (I organization, specify organization	on): Adoption of ISO designable CA-2006-RZR1	gnations CA-2006-RZRLC
		
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	evel which will	
DIVISION OF INSURANCE APR 7 20-	Thiladolphia Indomnity Inc	uranga Company
INDEPRIE 7	Philadelphia Indemnity Ins Name of Compa	
	Manie Of Compa	n.y
PRINGFIELD, ILLINOIS	Kevin W. O'Brien - Comp	liance Manager
TELD, ILLING	Official - Tit	
H29219D		

(1)	(2)	(3)
_	Annual Premium	Percent
Coverage	<pre>Volume (Illinois) *</pre>	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger Commercial	1,964,000	-6.7
Automobile Physical Damage		
Private Passenger		
Commercial	490,000	
Liability Other Than Auto Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
. Fire . Extended Coverage		
. Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
. Other Line of Insurance		
ief description of filing.	(If filing follows rates of a ation): Adopt ISO filing CR-2	n advisory 006-RZRLC
ief description of filing. ganization, specify organiza	Action): Adopt ISO filing CR-2 or rate changes. level which will	n advisory 006-RZRLC
ief description of filing. ganization, specify organiza Adjusted to reflect all pri Change in Company's premium	Action): Adopt ISO filing CR-2 Or rate changes. I level which will new rates. Scottsdale Indemnity	Company
ganization, specify organization Adjusted to reflect all pri	Adopt ISO filing CR-2 or rate changes. level which will new rates. Scottsdale Indemnity Name of Compar	Company
ief description of filing. ganization, specify organiza Adjusted to reflect all pri Change in Company's premium	Adopt ISO filing CR-2 or rate changes. level which will new rates. Scottsdale Indemnity Name of Compar	Company
ief description of filing. ganization, specify organiza Adjusted to reflect all pri Change in Company's premium result from application of	Action): Adopt ISO filing CR-2 Or rate changes. I level which will new rates. Scottsdale Indemnity	Company Ty The STATE OF INSURANT ENTRY OF ILLINOIS/IDEPER
ief description of filing. ganization, specify organiza Adjusted to reflect all pri Change in Company's premium	Adopt ISO filing CR-2 or rate changes. level which will new rates. Scottsdale Indemnity Name of Compar	Company

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	988,338	-2.5%
Automobile Physical Damage		
Private Passenger Commercial	156,754	2.5%
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass	<u> </u>	
6. Fidelity		
Boiler and Machinery		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Ento of modelano		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, speci	ify: <u>No</u>
Brief description of filing. (If filing follows rate	s of an advisory organization, specify	organization):
We are implementing a Driver Rating Plan.	<u>The rate impact shown above is an es</u>	stimate.
** division to reflect all prior rate abangas		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whicl	will recult from application of now rat	tos
""Change in Company's premium level which	I will result from application of new rat	tes.
	Hair	ersal Casualty Company
		Name of Company
	Larry V	Vilk - Compliance Manager
		Official - Title